



District / Carrier

Evaluator

Driver

Date _____

CHECKED
YES NO

CHECKED
YES NO

MECHANICAL CHECK:		
Coolant level	<input type="checkbox"/>	<input type="checkbox"/>
Oil level	<input type="checkbox"/>	<input type="checkbox"/>
Power steering fluid	<input type="checkbox"/>	<input type="checkbox"/>
Transmission fluid	<input type="checkbox"/>	<input type="checkbox"/>
Windshield washer fluid	<input type="checkbox"/>	<input type="checkbox"/>
Alternator	<input type="checkbox"/>	<input type="checkbox"/>
Water pump	<input type="checkbox"/>	<input type="checkbox"/>
Power steering pump	<input type="checkbox"/>	<input type="checkbox"/>
Check belts and hoses	<input type="checkbox"/>	<input type="checkbox"/>
Check for leaks	<input type="checkbox"/>	<input type="checkbox"/>
Wheel: tire, lugs, rims	<input type="checkbox"/>	<input type="checkbox"/>
Brakes: drum, rotators, lining, fluid (level / leaks), parking Springs, shock absorbers	<input type="checkbox"/>	<input type="checkbox"/>
Fuel gauge (level)	<input type="checkbox"/>	<input type="checkbox"/>
EXTERNAL INSPECTION:		
Lights: signal, stop, headlights,	<input type="checkbox"/>	<input type="checkbox"/>
license plate light	<input type="checkbox"/>	<input type="checkbox"/>
Doors and mirrors	<input type="checkbox"/>	<input type="checkbox"/>
Window glass	<input type="checkbox"/>	<input type="checkbox"/>
Fuel tanks	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust	<input type="checkbox"/>	<input type="checkbox"/>

INTERNAL INSPECTION:		
(Engine running, parking brake on)		
Oil pressure builds	<input type="checkbox"/>	<input type="checkbox"/>
Ammeter/voltmeter	<input type="checkbox"/>	<input type="checkbox"/>
Lighting indicators	<input type="checkbox"/>	<input type="checkbox"/>
Steering play	<input type="checkbox"/>	<input type="checkbox"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>
Clutch/gearshift	<input type="checkbox"/>	<input type="checkbox"/>
Heater/defroster	<input type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>
Windshield	<input type="checkbox"/>	<input type="checkbox"/>
Wipers / Washer	<input type="checkbox"/>	<input type="checkbox"/>
Safety/emergency equipment	<input type="checkbox"/>	<input type="checkbox"/>
fire extinguisher		
reflective triangles		
first aid, body fluids cleanup kits		
seat belt cutter (if applicable)		
Seats secure	<input type="checkbox"/>	<input type="checkbox"/>
Seat belts	<input type="checkbox"/>	<input type="checkbox"/>
Child restraints / car seats	<input type="checkbox"/>	<input type="checkbox"/>
WHEELCHAIR		
Anchor points, belts, straps, lift inspection, interlock safety system functional	<input type="checkbox"/>	<input type="checkbox"/>

Comments / Additional or remedial training performed:

This is the only form approved by the Minnesota State Patrol

Revised 09/10

Appendix B1

